

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585 185

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		1				
2		/		—			
3		/			1		
4		/			1		
5		/			1		
6		/		—			
7		6		—			
8		8		—			
9		8		—			
10		8		—			
11		8		—			
12		8		—			
13	1		1				
14		1		—			
15		1			1		
16		1			1		
17		1			1		
18		1		—			
19		8		—			
20		8		—			
21		8		—			
22		8		—			
23		8		—			
24		8		—			
25		8		—			
26		8		—			
27		8		—			
28		8		—			
29		8		—			
30		8		—			
31	1		1				
32		1		—			
33		1		—			
34		1		—			
35		1		—			
36		1		—			
37		6		—			
38		8		—			
39		8		—			
40		8		—			
41		8		—			
42		8		—			
43		8		—			
44		8		—			
45		8		—			
46		8		—			
47		8		—			
48		8		—			
49		8		—			
50		8		—			
TOTAL IND.			4				
TOTAL DEP.			10				
TOTAL CLAIMS			14				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							